

DMA ADMINISTRATIVE LETTER NO: 08-14, MEDICAID FAMILY PLANNING PROGRAM

DATE: September 24, 2014

SUBJECT: Conversion of Family Planning Waiver to a State Optional Medicaid Program.

DISTRIBUTION: County Directors
Medicaid Staff

I. BACKGROUND

Section 2303 of the Affordable Care Act (ACA) allowed North Carolina to amend the Medicaid State Plan and convert the Section 1115 Family Planning Waiver to a State Optional Medicaid Program. The Medicaid Family Planning Program continues to extend eligibility for family planning services to individuals with incomes at or below 195% of the federal poverty level. It establishes a system by which individuals can more easily access family planning services to reduce the number of unplanned pregnancies.

The purpose of this letter is to provide instructions on determining eligibility for the Medicaid Family Planning Program.

MA-2170 and MA-3265 have been removed from the manuals and replaced with a link to this letter.

II. POLICY PRINCIPLES

A. Family Planning Waiver is now the Family Planning Program (FPP).

B. There are no age restrictions.

C. Retroactive eligibility can be determined for 1, 2, or 3 months prior to application (Retro FPP cannot be authorized prior to October 1, 2014).

D. There is no lock-in period.

E. Determine Family Planning Program (FPP) eligibility if it is not anticipated that the deductible will be met or disability will not be established by application disposition date.

F. Eligibility is determined in NCFAS P7 using MAGI budgeting methodologies and income limit of 195% of federal poverty level.

- G. The certification period is 12 months for an ongoing case. The certification period can be adjusted to match the family's other Medicaid cases, following instructions in [MA-3425, Certification and Authorization](#) and [MA-2350, Certification and Authorization](#).**
- H. Meet all eligibility requirements as stated in [DMA Administrative Letter 16-13, Affordable Care Act \(ACA\) Changes to Citizenship and Identity Verification](#), and [DMA Administrative Letter 01-14, Overview of Medicaid Changes](#).**
- I. Not be receiving or eligible to receive in any other aid program/category including medically needy.**
- J. Not be an inmate of a public institution.**
- K. Provide his/her Social Security Number or apply for one.**
- L. Not be sterile.**
- M. Not receive Medicare.**
- N. [Covered Services](#)**

III. CASE MAINTENANCE

A. Redetermination

Use ex parte process when re-determining eligibility at the end of the 12 month certification period. Evaluate for full Medicaid coverage prior to authorizing continued Family Planning Program (FPP).

Redeterminations are keyed in NCFAST P7.

B. Change in Circumstance

Changes include but are not limited to changes in income, household, disability status or ability to meet a deductible. Beneficiaries should report changes within 10 days. When a change in circumstance is reported determine eligibility within 30 days.

1. Cases active in EIS, NCFAST P2/6 or P7, and beneficiary:
 - a. Remains eligible, take no action.
 - b. Is ineligible for all programs, terminate case and send appropriate notice

2. Cases active in EIS or NCFAS P2/6, and beneficiary:
 - a. Becomes eligible under MAGI budgeting:
 - (1) Key an administrative application in P7 and authorize eligibility.
 - (2) Terminate EIS/P2/6 with appropriate notice.
3. Cases active in NCFAS P7, and beneficiary becomes eligible for medically needy.
 - a. Retro only;

Key an administrative application in P2/6 and complete as open/shut.

The Family Planning Program (FPP) in P7 remains open as ongoing.
 - b. Ongoing;

Terminate Family Planning Program (FPP) in P7.

Key an administrative application into P2/6 and authorize in appropriate aid category.

V. CURRENT FAMILY PLANNING WAIVER CASES (FPW)

At redetermination evaluate for all Medicaid programs, including medically needy.

Individuals previously determined FPW eligible as a budget unit of 1, without regard to parental income must be evaluated under MAGI budgeting methodology.

VI. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective October 1, 2014.

DMA Administrative Letter 08-14,
Medicaid Family Planning Program

If you have questions regarding this material, please contact the Operational Support Team (OST) at ost.policy.questions@dhhs.nc.gov.

Robin Gary Cummings, M.D.
Deputy Secretary for Health Services
Director, Division of Medical Assistance

(This information was researched and written by Pam Cooper, Policy Consultant, Medicaid Eligibility Unit).